

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51		✓				
2		✓					52		✓				
3		✓					53		✓				
4		✓					54		✓				
5		✓					55		✓				
6		✓					56		✓				
7		✓					57		✓				
8		✓					58		✓				
9		✓					59		✓				
10		✓					60		✓				
11		✓					61		✓				
12		✓					62		✓				
13		✓					63		✓				
14		✓					64		✓				
15		✓					65		✓				
16		✓					66		✓				
17		✓					67		✓				
18	✓						68		✓				
19		✓					69		✓				
20		✓					70		✓				
21		✓					71		✓				
22	✓						72		✓				
23	✓	✓					73		✓				
24	✓	✓					74		✓				
25		✓					75		✓				
26		✓					76		✓				
27		✓					77		✓				
28		✓					78		✓				
29		✓					79		(1)				
30		2					80		(1)				
31		2					81		(1)				
32		2					82		(1)				
33		2					83		(1)				
34	✓						84		✓				
35	✓						85		✓				
36		2					86		✓				
37		2					87		✓				
38		2					88		✓				
39		2					89		✓				
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47	✓	✓					97						
48	✓	✓					98						
49	✓	✓					99						
50	✓	✓					100						
TOTAL IND.	✓						TOTAL IND.		✓				
TOTAL DEP.		✓					TOTAL DEP.			✓			
TOTAL CLAIMS	105						TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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